



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E439680**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01666
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	07 - 03 - 2015	TIME (2400)	1818	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 204	BLOCK NO.	
	MILE POST	

DISTANCE		OF (REFERENCE OR CROSS STREET)	SR 9

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	WALL II	FIRST NAME	EDWIN	MIDDLE INITIAL	T
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STREET NEW ADDRESS	8800 13TH PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982582460
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	WALL*ET102D0	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	03	-	20	-	1990
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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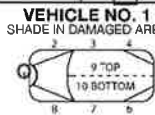
LICENSE PLATE #	AUW2063	STATE	WA	VIN#	1GNEK13ZX3J249945
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	CHEV	MODEL	TAHOE	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	OMNI INS COMP 5889090
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	TORRES	FIRST NAME	VASHTI	MIDDLE INITIAL	S
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STREET NEW ADDRESS	2805 FAKES DR
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CITY	DALLAS	ST	TX	ZIP	75224
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GDL	C	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	23580780	STATE	TX	SEX	F	D.O.B.	MMDDYYYY	05	-	21	-	1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	801GTC	STATE	OR	VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	HOND	MODEL	CRV	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE INS 71516924
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	C. LYONS #0134	BADGE OR ID #	0134	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E439680**

CASE # **15-01666**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SELBY TRISTA M																	
ADDRESS & PHONE #		8800 13TH PL NE LAKE STEVENS WA 982582460																	
		SEX	F	D.O.B. MMDDYYYY	07	12		1992											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		SELBY AMY M																	
ADDRESS & PHONE #		5126 S. 2ND ST EVERETT WA 98208																	
		SEX	F	D.O.B. MMDDYYYY	07	03		1970											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	9	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		ALVAREZ IRENE																	
ADDRESS & PHONE #		5021 SUNNYSIDE BLVD UNIT #A MARYSVILLE WA 98270																	
		SEX	F	D.O.B. MMDDYYYY	04	25		1980											
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	

NARRATIVE

Responded to 2 vehicle non-injury collision at SR204 and SR9. The collision occurred in left turn lane from E/B SR204 to N/B SR9. Driver of vehicle 1 said that he was stopped for traffic when a spider appeared on his steering wheel. Driver 1 said that he went to remove the spider and his foot slipped off the brake. Vehicle 1 rolled forward colliding with the rear of vehicle 2. Minor damage occurred. Passenger in vehicle 2 requested aid as she was about 9 months pregnant and wished to be evaluated. Victim not transported by aid.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS #0134

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-03-15 08:29 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

7/4/2015 4:40:14 AM

BADGE OR ID #	0134	ORI #	WA0311900	TIME POLICE DISPATCHED	6:19 PM	TIME POLICE ARRIVED	6:22 PM
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CORRECTION

REPORT NO. **E439680**

CASE # **15-01666**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DIAZ IESHA M																	
ADDRESS & PHONE #		605 JEFFERSON AVE TOPPENISH WA 98948																	
SEX		F		D.O.B. MMDDYYYY		04		05		1995									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		ALVAREZ MICHELLE V																	
ADDRESS & PHONE #		1267 WOODGATE AVE APT 1 MARYSVILLE WA 98270																	
SEX		F		D.O.B. MMDDYYYY		12		18		1996									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	1ST TRIMESTER PREGNANCY
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY															
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

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C. LYONS #0134

07-03-15 08:29 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

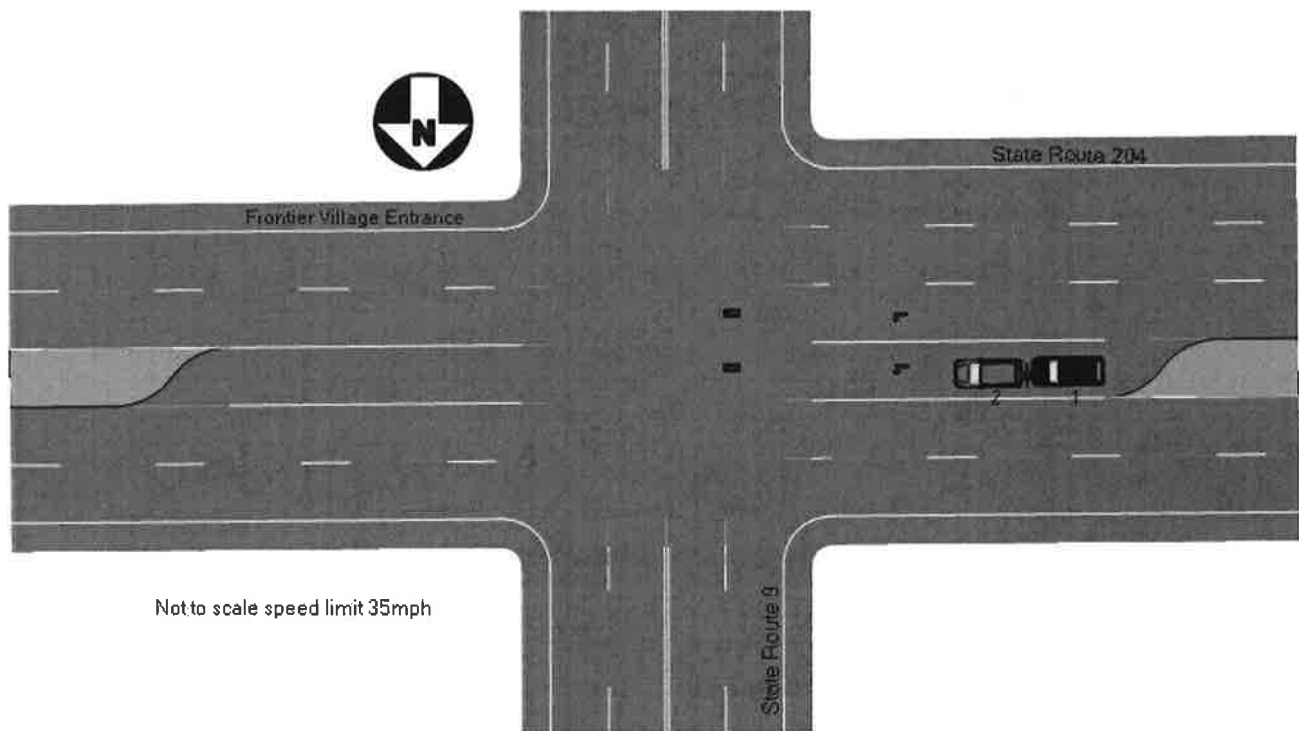
APPROVED BY

DATE

SGT. C. VALVICK 71

7/4/2015 4:40:14 AM

BADGE OR ID #	0134	ORI #	WA0311900	TIME POLICE DISPATCHED	6:19 PM	TIME POLICE ARRIVED	6:22 PM
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Incident History for: #SS15013111

Case Numbers: \$SS15001666

Entered 07/03/15 18:19:30 BY SPCT05 SP0390

Dispatched 07/03/15 18:19:58 BY SPDP17 SP0168

Enroute 07/03/15 18:19:58

Onscene 07/03/15 18:22:04

Closed 07/03/15 19:04:18

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: SR 204/SR 9 NE , LKS (V)

Loc Info:

Name: TORRES, VASHTI

Addr:

Phone: 4698553570

/1819 (SP0390) ENTRY , CC, NOW , NON INJ, BLKING
/1819 (SP0168) VIEWED
/1819 DISPER 19N2 #SS127 ADAMS, OFFICER (NATHAN)
/1820 (SP0390) SUPP NAM: TORRES, VASHTI,
PHO: 4698553570,
TXT: GRY HONDA CRV VS BLK CHEVY TAHOE
/1820 (SP0168) ASSTER 19N1 #SS105 IRWIN, OFFICER (DENNIS)
/1822 ONSCNE 19N2 , LEFT TURN LANE TO NB SR 9, 2 VEHS
/1822 ASSTER 19N3 [SR 204/SR 9 NE , LKS]
#SS134 LYONS, OFFICER (CHRIS)
#SS130 RUTHERFORD, OFCR (RICH)
/1826 MISC 19N2 , VEHS MOVED TO SIDE OF RD
/1826 CLEAR 19N1
/1827 ONSCNE 19N3
/1828 CLEAR 19N2 , D
/1828 (*****) REMINQ 19N3 AUW2063
/1828 (SP0168) REMINQ 19N3 LIC, 19N3, AUW2063, , ,
/1828 (*****) REMINQ 19N3 801GTC. OR
/1828 (SP0168) REMINQ 19N3 LIC, 19N3, 801GTC, OR, ,
/1829 REMINQ 19N3 VEH, 19N3, 801GTC, OR, , , , , , 2015, PC, , , , , X, , , , ,
/1835 (SS134) *MISC 19N3 , IN VEHICLE-1 PASSENGER 6 INFO- SELBY, AMY M (DO
B 7-30-70)
/1855 *MISC 19N3 , VEHICLE2 SEAT#3-ALVAREZ, IRENE DOB 04-25-80SEAT
#4-DIAZ, IESHA M DOB 04-05-95SEAT #6-ALVAREZ, M
ICHELE V DOB 12-18-96
/1856 (SP0368) ASNCAS 19N3 \$SS15001666
/1904 CLEAR 19N3 D/H
/1904 CLOSE 19N3